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## **The Hospital Cooperation with the Board of Social Security Administrator (BPJS) from the Business Law Perspectives of Indonesia**

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Siregar Adelina Rospita \*)

**Abstract:**

*Participants of the national social health insurance system (SJSN) receive health services according to BPJS Health regulation number 1 of 2014 on health facilities. The implementation of this BPJS service is based on the laws and regulations, among others: Law number 36 in the year of 2009 on Health, Law 44 of 2009 on hospital, Government Regulation number 101 of 2012 on recipients of health insurance contributions, Presidential Regulation number 12 of 2013 on Health Insurance, Law No. 24 of 2011 on the Social Security Administering Body.*

*Payment of hospital claims refers to the Indonesian Tariff - Case Based Groups hereinafter referred to as INACBG's Tariff in which the amount of the claim payment by BPJS of Health to the Advanced Health Facility for the service package based on the grouping of disease diagnoses or more often is called coding. The results of the survey that assess the satisfaction level of BPJS service are not expected to give hope, the complaints are often delivered, among others: no stock of drugs, low claims of BPJS rates, so hospital has difficulty in operation, the length queue for checking, the service of doctors and paramedic which is somewhat slow.*

*Therefore, it is proposed to the government to immediately review the INA CBG tariff. The topic of discussion is: (1) dynamic and retroactive regulations; (2) health services through the referral system has not gone well; (3) low awareness of hospitals and participants to understand JKN regulations and the high rate of dissatisfaction from the participants.*

**Keywords:** hospital, BPJS, business services.

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### **1. Introduction**

The relationship between the hospital and the Social Security Administration Board (BPJS) of Health in Indonesia has been started since 2014, the cooperation here is

the implementation of Law Number 40 of 2004 on National Social Security System (SJSN), Government Policy on National Social Security System (SJSN) applies to all communities in Indonesia, while Law Number 24 Year of 2011 on the Social Security Administering Body stipulates that the National Social Security will be organized by BPJS, which consists of BPJS Health and BPJS Employment. Especially for the National Health Insurance (JKN) will be held by BPJS Health that the implementation begins on January 1, 2014.

National social security system (SJSN) is a procedure for the implementation of social security programs by several social insurance providers. SJSN is a State program that aims to provide protection and social welfare for all Indonesian people. Through this program, every citizen is expected to be able to improve basic living needs more adequately in case something happens that can result in loss or decrease in income, due to illness, accident, loss of employment, entering old age, or retirement. The definition of SJSN as stipulated in the Social Security Law means that social security is a state instrument implemented to transfer individual risks nationally by being managed in accordance with principles in the Social Security Law.

For approximately 4 (four) decades, Indonesia has run several social security programs, but only covers a small part of the society. Most of the people have not been touched and have adequate protection, in addition to the implementation of such social security programs have not been able to provide fair and adequate protection to the participants in accordance to the rights of the participants. In this regard, it seems necessary to prepare a SJSN which can synchronize the various forms of social security implemented by several providers in order to reach wider membership and provide greater benefits for each participant.

The government seeks to improve the quality of health services, through the National Health Insurance (JKN) program to free the people from the financial burden when they are sick, but all people who are able enough must pay when they are healthy. In accordance with Article 23A of the 1945 Constitution which reads "Other taxes and levies that are forcing for state purposes are regulated by law", the National Social Security System Law (SJSN) requires all income earners to pay future contributions in the future, regardless of poor or not poor.

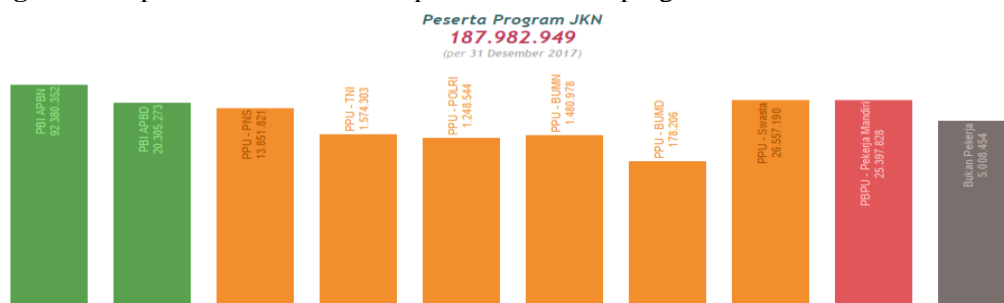
Definition of Health Insurance is a guarantee in the form of health protection so that participants obtain health care benefits and protection in meeting basic health needs given to every person who has paid dues or fees to the government. The Social Security Administering of Health is a legal entity, established to organize a Health Insurance program. BPJS of health is a public legal entity which is the responsibility of the President. The membership of BPJS of health is divided into two groups, namely the Contribution Beneficiaries (PBI) and Non-PBI Participants. Participation of PBI (Presidential Decree No. 101 of 2011).

## 2. Literature Review

Participants of PBI Health Insurance as referred to in Article 4 of Regulation of BPJS of health Number 1 of 2014, letter a consists of: a. People belonging to the poor; and b. People can not afford. Non-PBI Participants of Health Insurance as referred to in Article 4 letter b shall consist of: a. Wage Workers and members of their families including foreign nationals who work in Indonesia for a minimum period of 6 (six) months and members of their families; b. Non-Wage Workers and members of their families including foreign nationals working in Indonesia for a minimum period of 6 (six) months and members of their families; c. Not Workers and members of his family.

The stages of membership pursuant to Presidential Regulation No. 111 of 2013 shall be the membership of Health Insurance shall be mandatory and shall be carried out in stages so as to cover the whole population. The first phase shall begin on 1 January 2014, and the second phase shall cover all residents who have not entered as Participants of BPJS of health not later than 1 January 2019. Based on the picture below, not all of Indonesia's population is a participant, the data submitted by the Minister of Home Affairs of the population of Indonesia as of 30 June 2016 was 257,912,349 inhabitants and in July 2017 the number of Indonesian Population Increased to 262 Million people, then the report from the central body of statistics in September 2016, the number of poor (people with per capita expenditure per month below the Poverty Line) in Indonesia reached 27.76 million people (10.70 percent), decreased by 0.25 million people compared to March 2016 conditions amounted to 28.01 million people (10.86 %). So, it can be concluded that there are as many as 71.37% of the Indonesian population who became participants BPJS and there are 28.63% more who have not become a participant of BPJS. Of the 262 million inhabitants there are 10.70% living below the poverty line, the observations from March 2016 through September 2016 are declining, it can be assumed that once the population below the poverty line becomes a participant of PBI BPJS (according to Article 4 of BPJS Health Regulation No. 1 of 2014, letter a is People belonging to the poor) is currently undergoing change, changing from living below the poverty line to prosperity, in this paper I can not present more complete indicators.

**Figure 1.** Report from BPJS: Participants of the JKN program



The rights of the participants, among others, 1. to obtain the participant card as valid evidence to obtain health services; 2. Obtain benefits and information on the rights and obligations and procedures of health services in accordance with applicable provisions; Obtain health services at health facilities in collaboration with BPJS of Health; 4. Submitting complaints, criticisms and suggestions orally or in writing to the BPJS Health Office. Payment of Health Insurance Contribution is done through Virtual Account number. Virtual Account is a virtual account number provided by BPJS of Health for entities and individuals as the destination account in Health Assurance dues payment.

The obligations of participants are among others, 1. Register themselves as participants and pay dues amount in accordance with applicable provisions; 2. Reporting changes to participant data, whether due to marriage, divorce, death, birth, change of address or move to a first-rate health facility; 3. Maintaining the Participant Card so as not to be damaged, lost or exploited by unauthorized persons; 4. Obey all health service provisions and procedures.

The scope of services is set forth in Presidential Regulation No. 12 Year of 2013 and Regulation of BPJS Health number 1 Year of 2014. In Regulation BPJS Health number 1 Year of 2014 Health Facilities is a health service facility used to conduct individual health service efforts, either promoting, preventive, curative or rehabilitative conducted by the Government, Regional Government, and / or the Community. Indonesian Tariff - Case Based Groups hereinafter referred to as INACBG's Tariff is the amount of claim payment by BPJS Health to Advanced Health Facility for service package based on disease diagnosis grouping.

### **3. Methodology**

The research is literature review where data was collected and compared to facts, gaps are considered a problem, that is between the hospital cooperation with the board of social insurance administrator (BPJS) in view from the perspective of Indonesian business law, causing problems including the level of customer satisfaction, complaints, cost and regulation of BPJS regulations. The most common complaint is the slow service for BPJS participants compared to non BPJS participants, no stock of drugs often delivered by the patient, this situation complicates the condition of the patient and encourages the patient to buy his own medicine outside the BPJS package, while Iur fees are not allowed, the hospital is difficult to predict profit and even threatened of loss due to low cost claims BPJS, another complaint is the long list of waiting queues in the examination room, the atmosphere is constantly boring, to get around sometimes the participants come early impressed slums into the view of the examination room, everyone trying to be served first, inevitable queue of saturation and irritation, especially among the elderly patient group. There are also other complaints of unavailability of supporting facilities such as laboratories and diagnostic tools required, so patients must go to an

external laboratory and have to pay for themselves, the reason that is often heard is the required checks are not included on the watch by the organizers.

My observation is that there is an incompatibility between the Indonesian Tariff - Case Based Groups or INACBG's Tariffs with the patient's disease coding, the funding basis does not refer to the real conditions of a management procedure. One condition that I think is very apprehensive is when the patient is treated, he must be repatriated because the amount of payment claims by BPJS of Health to the hospital for the condition of his disease has been used up, while the disease was not healed. Patient experience as described above encourages dissatisfaction among participants. The problem now, is there any correlation between 28.63% of the population in Indonesia who have not signed up to be a health BPJS participant with the complaints that I have explained above?

According to the research conducted by Lontaan (Lontaan,2014) about patient satisfaction of BPJS health user stated that patient of BPJS health service that exist in Central Public Hospital (RSUP) Kandou Malalayang still feel less well socialized. There are BPJS participants who still do not know about the mechanism of health service of BPJS, about the hospitalization costs and the purchase of medicines which is not covered by BPJS of health at RSUP Kandou Malalayang. The research was also conducted by Munijaya (2012) who expressed that the daily patient dissatisfaction is most often expressed in relation to attitudes and behavior of hospital personnel, among others: the delayed service of doctors and nurses, the doctors difficult to find, duration of admission for patients who will be treated, limited drugs and equipment of availability facilities (toilets, garbage cans) as well as order and cleanliness of hospitals.

#### **4. Result and Discussion**

Tips to integrate business and social functions in the business of the hospital are to follow the government regulation, which are serving the BPJS and Jamkesmas participants. It is expected that developing a model of social function bridge without eliminating the commercial function can carry out the social function. The business is low-cost, but quality and supply are maintained. Low-cost businesses can also generate commercial value of survival. We have Siloam hospital unit for middle to lower class. Receive Health Insurance and Community Health Insurance (Jamkesmas) cards.

In terms of ownership, Hospitals in Indonesia are mostly owned and managed by individuals. Only a few corporations have hospitals. The current hospital should be able to compete, by substituting equipment. In areas where people have a higher level of health awareness, they are required to use the most sophisticated Hospital equipment. When there is already an area that can use equipment, it can be distributed to a new area.



Hospital functions according to the Law of the Republic of Indonesia number 44 of 2009 are: the organizer of medical treatment and recovery services are according to hospital service standards. Conducting personal health maintenance and improvement through the second and third level medical services as needed. According to Zeithaml et al, hospital service should be qualified, and it is formed from quality service dimensions such as reliability, responsiveness, assurance, empathy, physical evidence. By paying attention to these dimensions, health providers can establish quality health services (Rangkuti, 2006). Reliability is the ability to perform services in an immediate, accurate and satisfactory manner. Responsiveness is the ability to help customers and availability to serve customers well. Tangible includes physical facilities, employee equipment and means of communication. Empathy is an individualized attention given to the company by customers, such as the ease of doing good communication, attention and understanding of customer wants and needs.

Hospital functions are inseparable from the profit company, where the Hospital Governing Body is an organized unit responsible for establishing hospital policies and objectives, maintaining good quality patient care, by providing planning and institutional management (Samsi Jacobalis, 2002). The current development has led to the emergence of new hospitals that profit motive and in the form of limited company/ PT, but in principle members of Governing Body whether it is from the hospital profit and non-profit, they consistently carry out the task or mission to implement a fiduciary duty that can be interpreted as the responsibility or trust or trust duties.

As a fiduciary duty bearer, there are two most important tasks: loyalty and responsibility. Loyalty here means that members of the Governing Body shall place the interests of the institution above all personal interests. For example: All members of Governing Body should avoid any conflict of interest, such as joining as a supplier of goods and services in hospitals that benefit themselves or have a negative effect on non-fulfillment of the maximum institutional interest. While Responsibility here means that every member of the Governing Body must give good care, with all skill and diligence according to the situation and condition that exist, in every activity of Governing Body. In other words, it is demanded a selfless devotion with a high sincerity. The term Governing Body itself in Indonesia has been formally listed in the Hospital by laws Guidelines by the Directorate General of Medical Services of the Ministry of Health in 2002, in Chapter II. Governing Body is the highest authority and moral responsibility body in all hospital operations and is responsible for the clinical care provided to the community. In Indonesia the analogy of Governing Body should still be assessed in accordance with the form and ownership of hospitals, because there are still many differences that need to be considered.

Not always hospitals (RS) with legal status can serve the community professionally. Evidently, there are some hospitals with legal entities in accordance with Article 7 paragraph (4) Act Number 44 Yearof 2009 on Hospital has poor governance. For

example, unable to pay health workers and other employees. Other facts are hospitals that incorporate bodies use advantages for the expansion by setting up some more hospitals. Article 7 paragraph (4) of the Hospital Law stipulates that "Hospitals established by the private sector as referred to in paragraph (2) shall be in the form of a legal entity whose business activities only operate in the field of hospitals." The hospital view shall be incorporated as forms of excessive concern and not on strong grounds. Provisions that threaten the Hospital which has been running its functions well also will be disrupted in carrying out its duties.

The observation that so far has not found the Hospital to become bankrupt or not having good governance due to the status of its legal entity, not only manage the Hospital according to the provisions of Article 7 paragraph (4), especially in hospitals that are not-for-profit, and has a high social mission in serving the community. proven by the accredited Hospitals. Therefore, if a person who establishes a hospital that does not have a license under the conditions specified in Article 25 paragraph (1) will be sentenced to a maximum of 2 years in prison and a maximum fine of Rp 5 billion. If it is done by the corporation, the management may be sentenced to three times a fine of fines and revocation of business license or legal entity as regulated in Article 62, Article 63 paragraph (3), (4) and Article 64 paragraph (1). The hospital must have a business charity guaranteed by Article 28D Paragraph (1) and 28I of the 1945 Constitution. Or Article 7 Paragraph (4) of the Hospital Law as long as the phrase "whose business activity is only engaged in the field of hospitals" is contradictory to the 1945 Constitution and does not have binding legal force, it can be concluded that the hospital should not be a mere business.

According to Hughes and Kapoor, business is an organized individual business activity to produce and sell goods and services in order to gain profit in meeting the needs of the community. while the business sense by Brown and Petrello is a business or an institution that produces goods and services needed by the community. The definition of business law is a device or legal rule including enforcement efforts that regulate the procedures for the implementation of affairs or trade, industrial or financial activities associated with the production or exchange of goods or services by placing money from entrepreneurs in certain risks by a particular business with a motive for gain (Fuady, 2005 about business law) in business practice, customer satisfaction can not be ignored, also excellent service becomes a point of success especially in health business.

## **5. Conclusion**

Based on the description above, it is seen that the implementation of a regulation is very important, the Health BPJS number 1 of 2014 as an effort of the Indonesian government to fulfill the rights of the individual health widely, using the health service facilities provided as the form of state responsibility (over utilization), the number of health care users offset by the readiness of available health facilities

(medication is always available, full diagnostic examination, fast and satisfactory inspection process) will avoid the impression of under-utilization that is compared to the inappropriate service standard. will mean that progress has no impact on welfare and equity that is evenly shared by society. The Government ensures that no strong entrepreneurs who oppress by applying corporate, is a group of people united to establish a legal entity. The word corporate comes from the Latin word corporation which means "to establish the body". Legally, this corporation is the same as an ordinary company, but the corporate word is used to describe a well-established company. Corporate commonly used to describe a large company or parent company, where the company is a core company that has various subsidiaries under it. This is where the role of law limits and prevents the existence of economic monopoly practices in accordance with the opinion of Richard Posner. By enacting the law as commander in all legal activities in this country, the vision of Indonesia 2045 is as a country which has social justice.

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